

## APPLICATION DATA SHEET

### **Application Information**

Application Number:: Not yet assigned  
Filing Date:: Herewith  
Application Type:: Regular  
Subject Matter:: Utility  
CD-ROM or CD-R?::  
Number of CD Disks::  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?::  
Number of Copies of CRF::  
Title:: METHODS AND APPARATUS FOR  
MANUFACTURING ELECTRONIC AND  
ELECTROMECHANICAL ELEMENTS AND  
DEVICES BY THIN-FILM DEPOSITION AND  
IMAGING  
Attorney Docket Number:: MLB-066C2  
Request for Early Publication?::  
Request for Non-Publication?::  
Suggested Drawing Figure::  
Total Drawing Sheets:: 2  
Small Entity?:: No  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?::

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: Saul

Middle Name::  
Family Name:: Griffith  
Name Suffix::  
City of Residence:: Cambridge  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of Mailing Address:: 46B Dana Street  
City of Mailing Address:: Cambridge  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 02139

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Joseph  
Middle Name:: M.  
Family Name:: Jacobson  
Name Suffix::  
City of Residence:: Newton  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of Mailing Address:: 223 Grant Avenue  
City of Mailing Address:: Newton  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 02159

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Scott  
Middle Name::

Family Name:: Manalis  
Name Suffix::  
City of Residence:: Cambridge  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of Mailing Address:: 100 Memorial Drive  
City of Mailing Address:: Cambridge  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 02139

**Correspondence Information**

Correspondence Customer Number:: 021323

**Representative Information**

Representative Customer Number:: 021323

**Domestic Priority Information**

| Application::    | Continuity Type::                                       | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This application | Continuation of   | 10/060,151           | 01/30/02             |
| 10/060,151       | Continuation of   | 09/519,722           | 03/03/00             |
| 09/519,722       | An application claiming the benefit under 35 USC 119(e) | 60/126,517           | 03/26/99             |

**Foreign Priority Information**

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
|           |                      | MM/DD/YY      |                    |
|           |                      |               |                    |
|           |                      |               |                    |

**Assignee Information**

Assignee Name:: Massachusetts Institute of Technology

City of Mailing Address:: Cambridge

State or Province of Mailing Address:: MA

Country of Mailing Address:: US